UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

OMB APPROVAL

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FORM D

NOTICE OF SALE OF SECURITIES MAY 072008

PURSUANT TO REGULATION HOMSON REVIERS UNIFORM LIMITED OFFERING EXEMPTI

SEC USE ONLY						
Prefix	Serial					
DAT	E RECEI	VED				

Name of Offering (check if this is an amendment and name has changed, and indicate check. Inc. private placement of Common Stock and Convertible Notes convertible into Common Stock.)			
Filing Under (Check box(es) that apply): Rule 504 Rule 505	X Rule 506	Section 4(6) ULOE	
Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA	.		
1. Enter the information requested about the issuer			
Name of Issuer (check if this is an amendment and name has changed, and indicate chemorlex, Inc.	ange.)		
Address of Executive Offices (Number and Street, City, State, Zip Code) 420 Lexington Ave., Suite 450, New York, NY 10170			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number	08049669	
Brief Description of Business Internet-focused customer acquisition company			
Type of Business Organization Corporation limited partnership, already formed		other (please specify):	
business trust limited partnership, to be formed			
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviat CN for Canada; FN for other foreign jurisdi	Actual	Estimated	

General Instructions

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director \boxtimes Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Berman, Richard J. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Morlex, Inc., 420 Lexington Ave., Suite 450, New York, NY 10170 **Executive Officer** Director General and/or Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Keyes, Richard Business or Residence Address (Number and Street, City, State, Zip Code) c/o Morlex, Inc., 420 Lexington Ave., Suite 450, New York, NY 10170 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** □ Director General and/or Managing Partner Full Name (Last name first, if individual) Cicogna, Gianluca Business or Residence Address (Number and Street, City, State, Zip Code) c/o Morlex, Inc., 420 Lexington Ave., Suite 450, New York, NY 10170 Executive Officer □ Director General and/or ☐ Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Mooney, E. Chadwick Business or Residence Address (Number and Street, City, State, Zip Code) c/o Morlex, Inc., 420 Lexington Ave., Suite 450, New York, NY 10170 Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Jason Kulpa Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ad Authority, Inc., 2275 Rio Bonito Way Suite 210, San Diego, CA 92108 Director Executive Officer General and/or ☐ Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual)

Beneficial Owner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Executive Officer

☐ Director

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Ad Authority, Inc., 2275 Rio Bonito Way Suite 210, San Diego, CA 92108

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ad Authority, Inc., 2275 Rio Bonito Way Suite 210, San Diego, CA 92108

Promoter

William Huff

Jakona Inc.

Check Box(es) that Apply:

Full Name (Last name first, if individual)

General and/or Managing Partner

A. BASIC IDENTIFICATION DATA

2. Enter the information requ	ested for the followi	ng:			
the issuer;	naving the power to a	vote or dispose, or direct th rate issuers and of corpora	ne past five years; he vote or disposition of, 16 te general and managing		class of equity securities of nership issuers; and
<u> </u>					<u> </u>
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
DCI Master LDC Business or Residence Addres	o (Niumbon and State	ot City State Zin Code)			
c/o Morlex, Inc., 420 Lexington Check Box(es) that Apply:	n Ave., Suite 450, Ne	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Clug, Alex, as Trustee of the C Business or Residence Addres					
	•				
c/o Morlex, Inc., 420 Lexington Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Clug, Alex Business or Residence Addres	s (Number and Stre	et. City. State. Zip Code)			
c/o Morlex, Inc., 420 Lexington					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, it	findividual)				Managing Partner
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			 · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				wanaging rarther
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)	-		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	(individual)				
		.,			
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
					<u> </u>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	∐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
D / D /	AT 1 10	. 0: 0. 21 0 1			
Business or Residence Addres	s (inumber and Stre	et, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING No ⊠ Yes Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Answer also in Appendix, Column 2, if filing under ULOE. Yes No □ Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any

com pers stat	mission or son to be li tes, list the	similar ren isted is an name of the	nuneration i associated p broker or o	for solicitat person or a lealer. If m	ion of purch gent of a br ore than fiv hat broker o	asers in cor oker or des e (5) person	nection wit ler register s to be lister	ed with the	ecurities in SEC and/o	the offering r with a st	g. If a ate or	
Full Nan	ne (Last na	me first, if i	ndividual)									
More tha	ın five (5) a	ssociate per	sons.									
Business	or Resider	ice Address	(Number a	nd Street, C	ity, State, Z	ip Code)						
			York, NY 1	0004								
Name of	Associated	Broker or I	Dealer									
	unnar & C	_										
States in	Which Per	son Listed	Has Solicite	d or Intend	s to Solicit F	urchasers						
(Ch	eck "All Sta	ates" or che	ck individua	d States)					***************************************			All States
[AL]	[AK]	[AZ]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[H1] [MS]	[ID] [MO]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Nan	[SC] ne (Last na	[SD] me first, if i	[TN] individual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business	or Resider	nce Address	(Number a	nd Street, C	ity, State, Z	ip Code)						
Name of	Associated	Broker or l	Dealer	-								
					s to Solicit F						_	
(Ch	eck "All St	ates" or che	ck individus	ıl States)	••••					•••••	L	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1L] [MT]	[IN] [NE]	[IA] [NV]	(KS) [NH]	[КҮ] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC] ne (Last na	[SD] me first, if i	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
1 411 1 4411	iic (Bust iii											
Business	or Resider	ice Address	(Number a	nd Street, C	ity, State, Z	ip Code)						
Name of	Associated	Broker or I	Dealer									
States in	Which Per	son Listed	Has Solicite	d or Intend	s to Solicit F	urchasers						
(Ch	eck "All Sta	ates" or che	ck individua	l States)	•••••							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	{CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL] [MT]	[IN] [NE]	[!A] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	, [MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use bla	nk sneet, or	copy and u	se auditiona	u copies of t	his sheet, a	s necessary.	,		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total ar already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange off check this box and indicate in the columns below the amounts of the securities offer exchange and already exchanged.	ering,	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$2,566,250	\$2,566,250
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$2,563,343	\$ <u>2,563,343</u>
	Partnership Interests.	\$	•
	·	<u> </u>	
	Other (Specify)	\$	\$
	Total	\$ <u>5,129,593</u>	\$ <u>5,129,593</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securit this offering and the aggregate dollar amounts of their purchases. For offerings under Rule indicate the number of persons who have purchased securities and the aggregate dollar amotheir purchases on the total lines. Enter "0" if answer is "none" or "zero".	e 504,	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	55	\$5,129,593
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested f securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) m prior to the first sale of securities in this offering. Classify securities by type listed in Pa Question 1.	onths	
	m com:	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		. \$
	Regulation A		\$
	Rule 504		•
	Total		•
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution esecurities in this offering. Exclude amounts relating solely to organization expenses of the in The information may be given as subject to future contingencies. If the amount of an expensis not known, furnish an estimate and check the box to the left of the estimate.	ssuer.	
	Transfer Agent's Fees	×	5,000
	Printing and Engraving Costs		\$
	Legal Fees	🔯	\$50,000
	Accounting Fees	_	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	······	\$ <u>256,625</u>
	Total		\$5.000 \$316.625

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENS	ES A	ND USE OF PE	ROCEEDS					
5.	b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.									
				Payments to Officers, Directors, & Affiliates	Payments to Others					
	Salaries and fees			\$	S					
	Purchase of real estate			\$	_ [] \$					
	Purchase, rental or leasing and installation of machi	nery and equipment	П	\$	_ 					
	Construction or leasing of plant buildings and faciliti	ies		\$	☐ \$					
	Acquisition of other businesses (including the value of that may be used in exchange for the assets or secur merger)	ities of another issuer pursuant to a		\$	∑ \$ <u>3.427.283</u>					
	Repayment of Indebtedness	1		\$	[] \$					
	Working Capital			\$	∑ \$ <u>1,208.412</u>					
	Other (specify): Legal	·		\$	\$ 177,273					
	Column Totals	••••		\$	★ 4.812.968					
	Total Payments listed (column totals added)	•••••••••••••••••••••••••••••••••••••••		⊠ \$_	4,812,968					
	D,	FEDERAL SIGNATURE	<u></u>							
sign	The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.									
lssu	er (Print or Type)	Signature		Date						
Mor	ex, Inc.			April 29 2008						
Nan	e of Signer (Print or Type)	Title of Signer (Print or Type)		<u> </u>	· · · · · · · · · · · · · · · · · · ·					
Jaso	n J. Kulpa	Chief Hecutive Officer								

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	E	C. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?							
	See Appendix, Colum	ın 5, for state response						
2.	The undersigned issuer hereby undertakes to furnish Form D (17 CFR 239.500) at such times as required by		n which this notice is filed, a notice on					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	1. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	issuer has read this notification and knows the contents ersigned duly authorized person.	s to be true and has duly caused this notio	e to be signed on its behalf by the					
Issu	er (Print or Type)	Signature	Date					
Morlex, Inc.			April 22 2008					
Nar	ne (Print or Type)	Title (Print or Type)						
Jase	on J. Kulpa	Chief Executive Officer						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPE	NDIX				
1	Intend to non-ac investors (Part B	to sell ccredited in State	3 Type of security and aggregate offering price offered in State (Part C - Item 1)		Type of in amount purc (Part C	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)*			
State	Yes	No	Common Stock & Convertible Notes convertible into Common Stock	Number of Accredited Non-Accredited Investors Amount Investors Amount				Yes	No
AL		X	\$5,129,593	1	\$150,000				
AK							•		
AZ									
AR		х	\$5,129,593	1	\$27,000				
CA		x	\$5,129,593	3	\$400,000				
со		<u></u>							
СТ		X	\$5,129,593	5	\$540,000				
DE									
DC									
FL		х	\$5,129,593	5	\$425,000				
GA		х	\$5,129,593	1	\$262,500				
HI								····	
ID						-			
IL		X	\$5,129,593	3	\$262,500				
IN		 					······································		
IA KS									<u> </u>
KY									
LA									
ME		,,	AF 400 500		***				
MD		X	\$5,129,593	1	\$18,750				
MA		X	\$5,129,593	1	\$10,500				
MI		х	\$5,129,593	1	\$200,000				
MN			φυ, 120,000	1	\$200,000				
MS								.	
МО									

1				141 1 1311	DIV.					
1	APPENDIX 2 3 4 Type of security Intend to sell to non-accredited investors in State (Part B - Item 1) (Part C - Item 1) APPENDIX Type of investor and amount purchased in State (Part C - Item 1) (Part C - Item 2)							5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)*		
State	Yes	No	Common Stock & Convertible Notes convertible into Common Stock	Number of Accredited Investors	Yes	No				
MT	103	140	Common clock	IIIVCSIOIS	Amount	Investors	Amount	100	140	
NE										
NV										
NH										
NJ		Х	\$5,129,593	6	\$412,500					
NM										
NY		X	\$5,129,593	19	\$1,574,593					
NC										
ND										
ОН								ļ		
OK										
OR								-		
PA		х	\$5,129,593	1	\$18,750					
RI										
SC				:						
ŞD										
TN		Х	\$5,129,593	1	\$175,000					
TX										
UT										
VT VA		Х	\$5,129,593	3	\$202,500					
WA		Х	\$5,129,593	1	\$150,000					
WV		Х	\$5,129,593	2	\$300,000					
WI										
WY								EN	n	
PR								CI	111	